

IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA

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2006 MAY -3 A 9:46

Rendell Hampton #226420  
Full name and prison number of  
plaintiff(s)

v.

Prison Health Care Services  
Free Press

\_\_\_\_\_  
Name of person(s) who violated  
your constitutional rights.  
(List the names of all the persons) )

CIVIL ACTION NO. None  
(To be supplied by the Clerk of the  
U.S. District Court)

2:06CV400-T

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? Yes ( ) No (✓)
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? Yes ( ) No (✓)
- C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:  
Plaintiff(s) None  
Defendant(s) \_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the county)  
None
3. Docket No. None
4. Name of Judge to whom case was assigned None

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) None

6. Approximate date of filing lawsuit 4/14/06

7. Approximate date of disposition None

II. PLACE OF PRESENT CONFINEMENT Bullock Correctional Facility  
P.O. Box 5107 Hwy 82 East Union Springs, AL 36084

PLACE OR INSTITUTION WHERE INCIDENT OCCURRED All over

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

NAME

ADDRESS

1. Prison Healthcare Services Suite 200 105 West Park Drive Brentwood

2. TN. 37027

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED April 13, 2006

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: 3rd Amendment, 8th Amendment, 14th Amendment

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place, manner, and person involved).

The nurses don't  
wear name tags so I don't know their name.  
Dr. Sardick is the doctor.

GROUND TWO: \_\_\_\_\_

SUPPORTING FACTS: ~~III~~ <sup>Will</sup> Amendment cruel and unusual punishment. I have seizures and the doctors don't help me most of the time.

GROUND THREE: Neulgence

SUPPORTING FACTS: The medical staff has caused serious physical injury. The medical staff has ignored me in emergency situations,

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

I want medical treatment I would like monetary compensation of \$100,000 dollars plus court costs.

Pro-Se Rodell Hampton  
Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on 4/16/06  
(date)

Pro-Se Rodell Hampton  
Signature of plaintiff(s)